

Appendix A: Sample Complaint and Civil Cover Sheet

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF \_\_\_\_\_

*(Write the District and Division, if any, of  
the court in which the complaint is filed.)*

U.S. DISTRICT COURT  
BANGOR, MAINE  
RECEIVED AND FILED

2016 DEC 14 P 3:12

BY \_\_\_\_\_  
DEPUTY CLERK

Abdon Savage Browne

*(Write the full name of each plaintiff who is filing  
this complaint. If the names of all the plaintiffs  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)*

**-against-**

Maine State D.O.C.  
MCC staff, Security

*(Write the full name of each defendant who is  
being sued. If the names of all the defendants  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)*

**Complaint for a Civil Case**

Case No. \_\_\_\_\_

*(to be filled in by the Clerk's Office)*

Jury Trial: ☐ Yes ☐ No  
*(check one)*

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Albion Browne (AL)  
 1284 Mason Bay Rd  
 Jones port Washington County  
 Maine  
 Them girls called me.alice@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**Defendant No. 1**

Name

Job or Title  
(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address  
(if known)

Maine Correctional Center  
 All Security Staff involved  
 17 Mallison Falls Rd.  
 Windham  
 Maine

**Defendant No. 2**

Name

Job or Title  
(if known)

Street Address

City and County

State and Zip Code

Telephone Number

Medical staff + Providers, All else  
 involved  
 17 Mallison Falls Rd.  
 Windham  
 Maine

E-mail Address  
(if known)

Defendant No. 3

Name

Job or Title  
(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address  
(if known)

Maine State Dept of Corrections  
Unknown Address At  
this time

Defendant No. 4

Name

Job or Title  
(if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address  
(if known)

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Over the course of 1 year Continued violations  
of the 8<sup>th</sup> Amendment, the 13<sup>th</sup> Amendment,  
the 14<sup>th</sup> Amendment were imposed upon me

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

**1. The Plaintiff(s)**

**a. If the plaintiff is an individual**

The plaintiff, (name) \_\_\_\_\_, is a citizen of  
the State of (name) \_\_\_\_\_.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated  
under the laws of the State of (name) \_\_\_\_\_,  
and has its principal place of business in the State of (name)  
\_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional  
page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)**

**a. If the defendant is an individual**

The defendant, (name) \_\_\_\_\_, is a citizen of  
the State of (name) \_\_\_\_\_. Or is a citizen of  
(foreign nation) \_\_\_\_\_.

**b. If the defendant is a corporation**

The defendant, (name) \_\_\_\_\_, is  
incorporated under the laws of the State of (name)  
\_\_\_\_\_, and has its principal place of  
business in the State of (name) \_\_\_\_\_. Or is  
incorporated under the laws of (foreign nation)  
\_\_\_\_\_, and has its principal place of  
business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an*

additional page providing the same information for each additional defendant.)

### 3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

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### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Medical dept @ MCC ptoff, denied and ignored Serious Medical Conditions Causing Lifelong Disability!  
Security @ MCC denied Medication access multiple times, and with threats of violence and sanctions forced me multiple times to perform exceedingly dangerous jobst tasks + work assignments  
Maine DOC Allows and encourages this

### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Loss of my eye. Whats an eye worth? how do I assign a value to that? \$3,500,000.00 Pain and suffering \$750,000.00 Never being able to walk the IRON again... I still have vision headaches, no depth perception, my balance is off!  
I Ask for All future Medical expenses!

I want None of the Above... What I want is my eyes  
the court cant Return my eye! the court can grant me relief and future medical expenses



**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11-14, 2016

Signature of Plaintiff

Printed Name of Plaintiff

Al Brune  
Alton Brune

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

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